COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL

(1) DEPARTMENT Public Health	(2) MEETING DATE 4/22/2014	(3) CONTACT/PHONE Penny Borenstein / 781-5519			
	mending the Position Allocation Lis adding 1.0 Program Manager I/II p th Program. All Districts.			, ,	
(5) RECOMMENDED ACTION It is recommended that the Board adopt the resolution amending the Position Allocation List for Fund Center 160 – Public Health that deletes 1.0 Public Health Nurse position and adds 1.0 Program Manager I/II position.					
(6) FUNDING SOURCE(S) General Fund	(7) CURRENT YEAR FINANCIAL IMPACT \$0.00	(8) ANNUAL FINANCIAL IMPACT (\$1,662.00)		(9) BUDGETED? Yes, to be included in Sup Doc	
(10) AGENDA PLACEMENT { X } Consent { } Presentation { } Hearing (Time Est) { } Board Business (Time Est)					
(11) EXECUTED DOCUMENTS { X } Resolutions { } Contracts { } Ordinances { } N/A					
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A			(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A { } 4/5 Vote Required		
(14) LOCATION MAP (1	5) BUSINESS IMPACT STATEMENT?		(16) AGENDA ITEM HISTORY		
N/A N	ı		{ X } N/A Date:		
(17) ADMINISTRATIVE O Reviewed by Leslie Brown					
(18) SUPERVISOR DISTR All Districts	RICT(S)				

County of San Luis Obispo

TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director

Penny Borenstein, Public Health Administrator/Health Officer

DATE: April 22, 2014

SUBJECT: Submittal of a resolution amending the Position Allocation List for Fund Center 160 - Public Health by

deleting 1.0 Public Health Nurse position and adding 1.0 Program Manager I/II position to more effectively implement the County's Maternal Child and Adolescent Health Program. All Districts.

RECOMMENDATION

It is recommended that the Board adopt the resolution amending the Position Allocation List for Fund Center 160 – Public Health that deletes 1.0 Public Health Nurse position and adds 1.0 Program Manager I/II position.

DISCUSSION

The Health Agency/Public Health Department is seeking to make the aforementioned changes in its Position Allocation List (PAL) in order to more effectively implement the County's Maternal Child and Adolescent Health (MCAH) Program.

Background

The California Department of Public Health (CDPH) supports the statewide MCAH Program which in turn supports local MCAH Programs in all Local Health Jurisdictions throughout the State. Financial support for local programs comes from a CDPH allocation comprised of three funding sources - Federal Title V Block Grant (Maternal and Child Health) of the Social Security Act, Federal Title XIX (Medicaid) of the Social Security Act, and a State General Fund grant. Local MCAH programs partner in accomplishing the statewide MCAH Program mission and goals, by contributing required local matching funds and by aligning local program efforts with the State MCAH Program. State and Local programs must conduct a comprehensive needs assessment every five years. The State MCAH Program uses these needs assessments to identify Statewide MCAH priorities and to review and approve each local jurisdiction's annual Scope of Work. MCAH supports local MCAH program staff as they work in their communities to develop and implement programs that protect and improve maternal, infant, child and adolescent health.

The MCAH Program in our County has long been staffed by licensed clinical personnel (nurses and social workers), with some administrative assistant staffing. Some of the main activities of SLO County's MCAH Programs include the following functions:

- Assess and monitor the health status, health needs, and the health care services available to mothers, children, and adolescents, with a special focus on low-income populations.
- Provide qualified professional expertise in public health, health care, and public administration for program direction and coordination.
- Work with community organizations and medical providers to coordinate outreach programs, which improve access to early and continuous prenatal care, and comprehensive child health care.
- Provide community health promotion programs to reduce a broad range of health problems including: domestic violence, tobacco use, substance abuse, injuries, and higher death rates among certain groups of infants.

Particular program components include (1) the Comprehensive Perinatal Services Program which, staffed by a 0.75 FTE

Social Worker, works with private providers to enhance guidance to pregnant women on nutrition, health education, and psychosocial wellness; (2) the Perinatal Substance Abuse Prevention project which, staffed by 0.75 FTE PHN, provides outreach and education to private providers and the public to encourage early entry into prenatal care and routine screening for substance abuse during pregnancy; (3) Martha's Place nursing assessments, done by a 1.0 FTE PHN; (4) Surveillance and Quality Assurance such as ongoing needs assessment, health data measurement, cross-sectorial community collaboration and planning; and (5) Field Nursing or home visiting case management services.

In FY 2010-11, due to necessary budget cutbacks, the Public Health Department eliminated a full-time SPHN which oversaw the Field Nursing Program. This situation was dealt with by placing the Field Nursing Program, with its two Senior PHN positions, under the auspices and supervision of the MCAH Program Director. Both programs subsequently have fallen under a measure of infrastructure strain, and have been particularly hard-pressed to attend to administrative, analytic and performance measurement aspects of the MCAH programs.

In December 2013, the MCAH Program Director, a Supervising Public Health Nurse (SPHN) retired after holding that position for ten years. With this vacancy came the opportunity to re-evaluate the organizational structure of the MCAH programs. Management staff at the Public Health Department have brainstormed and consulted with other counties about other models to provide the range of MCAH activities. Given the dearth of any positions with particular assignment and experience in policy development, needs assessment, analysis, research and planning, and community engagement, it is deemed an appropriate opportunity to add that skill set to our MCAH Program by converting a vacant 1.0 PHN position into a Program Manager position.

Across the State, roughly half of MCAH Program Directors are licensed nurses and the other half are public health program managers. With the next State-mandated five-year needs assessment and plan due in the coming year, the timing is again auspicious for hiring a Program Manager with proficient analytic capabilities. The employee would supervise the 3 positions listed above - 0.75 Social Worker IV and 1.75 Public Health Nurses. The Program Manager in turn will report to the Director of Nursing/Family Health Services Division Manager, providing an opportunity for MCAH clinical consultation should that be needed.

At the same time, the vacant SPHN will be filled and assigned to oversee the more intensive nursing services of the Field Nursing programs. This position will once again report to the Director of Nursing as was the case until FY 2010-11 when that SPHN position was eliminated. With that additional supervisory position in place, the two Senior PHNs who have been bearing much of the administrative responsibility for the Field Nursing programs will regain some capacity to add more clients to their caseload. The result is anticipated to be little to no decline in direct service despite the elimination of a full-time PHN from the Field Nursing program.

The changes in position allocation and organization structure within the Family Health Care Services Division are attached.

OTHER AGENCY INVOLVEMENT/IMPACT

The Human Resources Department and the Administrative Office have reviewed these changes and agree with the recommendation.

FINANCIAL CONSIDERATIONS

The proposal was designed with financial and position neutrality in mind.

The table below depicts the position allocation changes and direct salary and benefit implications.

Position summary detail:

Delete 1.0 FTE – Public Health Nurse (step 3)	(\$109,688\$)	Replace with 1.0 FTE – Program Manager I (step 3)	\$108,026
		NET EFFECT:	(\$1,662)

The requested action has a very slight positive impact on the salary appropriation and General Fund support required by the Health Agency.

RESULTS

The proposed reorganization will contribute to a more efficient and effective Public Health Department. Specific results will be:

- A robust updated five-year MCAH Needs Assessment completed in FY 2014-15
- Annual monitoring of perinatal health measures, with modifications made to the Scope of Work as indicated by those measures
- Maintenance of annual Field Nursing home visits (current 4,300)

These results will contribute to the Health Agency/Public Health Department's efforts in support of achieving the County's vision of a healthy and well-governed community.

ATTACHMENTS

- 1. Resolution amending the Position Allocation List for Fund Center 160 Public Health
- 2. Current Organizational Chart
- 3. Proposed Organizational Chart